

## OUR FINANCIAL POLICY

Welcome to our dental practice! We are committed to providing you with the best possible dental care. We believe that service to our patients is at its best when there is understanding and mutual cooperation. It is important that you understand what is expected financially before any dental treatment. Please ask if you have any questions about our fees, financial policy or your responsibility.

Payment is due at your appointment unless other arrangements have been approved prior to treatment. We accept CASH, CHECKS, VISA, MASTERCARD, and DISCOVER.

In most instances we accept assignment of insurance benefits, in which case, your portion of each treatment is due at your appointment. The patient portion will be an estimate based on the information given over the phone by a representative from the patient's insurance company. This information is not a guarantee of payment and cannot be relied on as such. If your insurance company pays more than the balance due, we will contact you immediately to see if you would like the balance applied to your account or sent to you in the form of a refund check. We will assist you in any way possible to receive payment for charges filed with your insurance. Patients are responsible for all amounts not covered by their insurance carrier.

### PLEASE UNDERSTAND THAT:

1. YOUR insurance is a contract between you, your employer and the insurance company.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore, are covered up to the maximum allowance determined by each carrier. This applies only to the companies who pay a percentage (such as 50%, 80%) of dental fees. However, this statement does not apply to companies who reimburse based on arbitrary "schedule" of fees, which bears no relationship to the current standard cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. Should your insurance take longer than 60 days to pay, we would ask that you take care of the balance due and then be reimbursed if and when we receive the insurance payment.
5. There will be a monthly service charge of 1.5% per month assessed on all account balances that are 30 days or more overdue. If your account has to be placed for collection, you will be responsible for the actual cost of collection.
6. Returned checks are subject to an **additional fee.**

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are **your responsibility** from the day services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems should arise, we encourage you to contact us promptly for assistance in the management of your account.

This is a policy for all our patients and will help keep our fees more stable. If at any time you have a question or you are unhappy about any treatment, fee, or service, please discuss it with us promptly and openly. We are here to help you and look forward to providing you with excellent dental care!

Thank you,  
Dr. Betty Horstmann and Staff.

Responsible Party Signature: \_\_\_\_\_ DATE: \_\_\_\_\_